COVID-19’s Impact on Residency Applicants

To the Editor: In March 2020, medical students were pulled from clinical rotations in response to COVID-19. Although medical education was significantly impacted throughout the United States, each school enacted a unique COVID-19 pandemic response. Nearly three-quarters of students agree that their education was significantly disrupted, with a majority of students reporting that the pandemic interfered with their ability to develop skills needed for residency. These changes and their impact on the upcoming residency application cycle weigh on us and our peers as we consider our future careers.

At our institution, existing plans for clinical rotations were heavily modified. With United States Medical Licensing Examination (USMLE) Step 1 testing center closures and widespread appointment cancelations, our administration lifted the requirement to test before beginning our third year. Curriculum leaders placed students into compressed 4-week clerkships scheduled on a monthly rolling basis to accommodate decreased clinical capacity. Thus, each student had a unique timeline for taking their first board exam and completing required clerkships.

These scheduling heroics and structural changes supported the continuation of our clinical education. However, the consequences uniquely impacted each student. One peer had their USMLE Step 1 exam rescheduled weeks earlier than anticipated due to test center availability. Now they question their candidacy for residency programs should allow space in the residency application process for us rising physicians to provide context as to how COVID-19-related changes have affected our medical education. Such an inclusion would provide an opportunity for us to expound on the structural challenges and resilience unique to our class. Additionally, this would offer residencies a more holistic applicant review, a goal toward which many programs are already working. If offered an opportunity to provide context for our recent educational experiences, we would feel less disadvantaged for our disrupted clinical education and more supported by our current institutions and future residency programs.

Acknowledgments: The authors would like to acknowledge Dr. Donna Elliott and Rebecca Long for their thoughtful contributions to the writing process.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

References


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